

**UTAH DEPARTMENT OF HEALTH
ORAL HEALTH PROGRAM**

**ORAL HEALTH ASSESSMENT
FOCUS GROUP STUDY REPORT**



EDGE HEALTHCARE RESEARCH INC.

June 12, 2003



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BACKGROUND

The Utah Department of Health Oral Health Program is a statewide program focused on preventing oral disease, assuring access to affordable oral health care, and promoting oral health awareness. To accomplish these tasks, the program is involved with access to care programs, community water fluoridation, dental sealant programs, fluoride supplement programs, oral health education and promotion programs, the Oral Health Coalition, and other programs/activities.

To provide the program with the necessary information to help meet the above-stated goals, The Utah Department of Health (UDOH) Oral Health Program (OHP) has contracted with Edge Healthcare Research, Inc. (EHR) to collect qualitative data to uncover and assess the oral health care needs and barriers to oral health care services among underserved populations in Utah, including low-income uninsured, Medicaid insured children and adults, minority populations, and people with special needs.

To complete this task, twelve focus group sessions were conducted--one in each of the twelve health department areas of Utah: Bear River, Central, Davis, Salt Lake Valley, Southeastern, Southwest, Summit, Tri-County, Tooele, Utah, Wasatch, and Weber-Morgan.

This study was conducted at the request of Steven Steed, DDS, Utah State Dental Director and Utah Oral Health Program Manager, and Susan Aldous, R.D.H., Dental Access Consultant, Oral Health Program, Utah Department of Health.

OBJECTIVES

The overall goal of this project was to gain and assess the perceptions of socially disadvantaged Utah residents on their oral health needs and identify any barriers to receiving oral health care services.

Specific objectives of this study were as follows:

- Assess participants' knowledge and awareness of oral health care
- Determine participants' definition of oral health care and what is considered adequate
- Evaluate participants' attitudes toward oral health care
- Determine where they currently seek oral health care
- Determine how they find a dentist and when
- Evaluate likes and dislikes of oral health care services

- Discuss participants experiences with community oral health care services
- Measure participants' evaluation of the importance of oral health care
- Explore potential messages or programs that would encourage oral health care and ultimately increase utilization of community oral health care services

METHODOLOGY

Twelve focus groups were undertaken among Medicaid eligible, female heads of household in May 2003. Groups were held during various times of the day (morning, afternoon, and evening) in order to ensure a varied sample of participants. The following table details the times and locations for each of the twelve focus group sessions:

<u>Group #</u>	<u>Group Location</u>	<u>City</u>	<u>Date</u>	<u>Time</u>
1	Bear River Health Department	Logan	5/13/03	9:00 AM
2	Weber-Morgan Health Department	Ogden	5/13/03	2:00 PM
3	Salt Lake Valley Health Department	Salt Lake City	5/13/03	6:00 PM
4	Davis County Health Department	Farmington	5/14/03	9:00 AM
5	Tooele County Health Department	Tooele	5/14/03	2:00 PM
6	Wasatch City County Health Department	Heber City	5/15/03	9:00 AM
7	Summit County Public Health Department	Park City	5/15/03	3:00 PM
8	Southwest Utah Public Health Department	Cedar City	5/20/03	10:00 AM
9	Central Utah Public Health Department	Richfield	5/21/03	9:00 AM
10	Southeastern Utah District Health Department	Price	5/21/03	3:00 PM
11	Tri-County Health Department	Vernal	5/22/03	9:00 AM
12	Utah County Health Department	Provo	5/22/03	6:00 PM

Participants were recruited by telephone, using randomized lists of income-qualified households. A screener was used to confirm eligibility of respondents for groups based on household size and income.

All recruited participants received a follow-up letter, which detailed the time and location of the focus group session. A map was also enclosed, providing specific directions for each group. As an added measure, each participant was called the day before the groups were to be held to remind them of their commitment to attend. Further, some were also called the day of the groups, if they had given any indication they may not be able to attend.

The recruitment effort was highly successful in meeting the recruitment profile as developed with the Utah Oral Health Program officials. Overall, we recruited a good mix of participants including those with insurance and those without, those with children and those without, people of different ethnicity and race (Hispanic, Native American, Asian, other) and those who have special needs.

Twelve participants were recruited for each group with the expectation of achieving 8-10 participants per group. A total of 117 attended the groups, for an average attendance per group of 10. The number of attendees per group is as follows: Bear River - 11, Central - 10, Davis - 9, Salt Lake - 11, Southeastern - 9, Southwest - 12, Summit - 5, Tri-County - 11, Tooele - 9, Utah - 11, Wasatch - 7, and Weber-Morgan - 12. Overall, two groups had lower than expected attendance - Summit and Wasatch. Although both groups had at least ten confirmed participants as of the day before each scheduled group, attendance was low due to several last-minute cancellations on the actual day of the group. Had the cancellations been received sooner, replacement participants would have been recruited.

Each group lasted approximately 1.5 to 2 hours. Refreshments and snacks were provided to the focus group attendees, and a cash gift of \$35 was offered to each participant.

All focus groups were audio taped. The final report was issued to Steven Steed, DDS, State Dental Director and the Utah Oral Health Program Manager, and Susan Aldous, R.D.H., Dental Access Consultant, Oral Health Program, Utah Department of Health, on June 12, 2003.

The reader is reminded that focus group research is qualitative, not quantitative. Focus groups help define issues and provide general evaluations and direction to the client. Results are typically not quantifiable nor projectable to the total population.

PARTICIPANT PROFILE

Focus groups were conducted in each of the twelve health department areas from May 13th to May 22nd, 2003.

A total of 117 participants representing the twelve health department areas attended the focus groups. The average number of attendees was 10.

Overall, ages of participants ranged from 19-80 years old and averaged 45 years. On average, 65% were married, and 51% of participants had children age 15 or under. About 70% of the participants were homemakers, and about 30% either worked part-time, full-time, or went to school.

On average, 20% of group participants described themselves as being either minority (Hispanic, Native American, Asian, other) or disabled.

The majority of participants in all but one group had some type of health insurance coverage, either through a private insurer, Medicaid, Medicare, or Medicare and supplemental coverage. The percentage of participants who reported having some type of dental coverage varied dramatically by group and ranged from 11% in Davis to 67% in Tooele and Southeastern. The following table details group demographics by group:

Health Department Area	Average Age	% Married	% With Children age 15 or younger	% Working	% Minority or Disabled	% Participants Medical Insured	% Participants Dental Insured	% Children Dental Insured
Bear River	49	64%	45%	27%	18%	73%	18%	100%
Central	49	40%	70%	40%	20%	90%	50%	100%
Davis	46	55%	44%	33%	11%	44%	11%	100%
Salt Lake	43	78%	54%	27%	27%	64%	36%	83%
Southeastern	44	56%	55%	33%	22%	89%	67%	80%
Southwest	48	67%	50%	33%	17%	75%	50%	100%
Summit	42	80%	60%	20%	0%	60%	40%	67%
Tri-County	51	45%	45%	27%	36%	91%	45%	80%
Tooele	49	78%	44%	22%	0%	89%	67%	100%
Utah	35	82%	55%	36%	9%	64%	27%	67%
Wasatch	34	71%	57%	29%	29%	86%	43%	25%
Weber-Morgan	50	58%	42%	25%	50%	67%	58%	100%

MANAGEMENT SUMMARY

The following findings and conclusions are based on the experiences and opinions of participants of the twelve focus groups conducted among low-income, female heads of household, representing the twelve local health department areas across the state of Utah.

While the dynamics of each group varied, several underlying themes emerged overall. This research identified four specific needs, which if satisfied, could improve the oral health of Medicaid eligible persons in Utah.

1. Access to affordable dental care
2. Education on what services Medicaid/CHIP provides
3. Education about the consequences of not having regular dental care
4. A program to affect behavioral change in the implementation of preventive/maintenance dental care

■ **Access to affordable dental care**

This research identified that the main oral health need of low-income residents of Utah is access to affordable dental care. All participants perceived dental care to be expensive and often cost prohibitive. A significant number of participants said they simply didn't have the money to pay for basic dental services and that these services were easily deferred, perhaps indefinitely.

While nearly everyone agreed they should have six-month dental check ups, utilization of dentists for adults and children was strongly influenced by whether or not one had dental coverage. About one-half of adults who had dental coverage went every six months. Among those without dental benefits (including some on Medicaid), two thirds reported they visited the dentist infrequently or only when a problem occurs. Children were more likely to have dental coverage than adults, and thus were more likely to have regular dental check ups.

Those with the best oral health practices were very strongly committed to their oral health (about one-in-ten participants) and most had dental insurance. One woman expressed how important taking care of her teeth was to her by saying, *"Dental care is so important that I will sell a kidney to get it fixed."* These women were typically taught these values at a young age or had experienced dental problems and the associated costs (bridges, root canals, braces, dentures, "soft teeth") or knew someone who had. Those with dental coverage were having regular preventive dental visits, though out-of-pocket costs were a concern and sometimes prevented them from pursuing more costly dental procedures, such as fixing crowns, root canal, bridges, etc.

For those without dental coverage, the cost of dental care was the main barrier to seeking care for them and their children. Most had little to no knowledge about low-cost or free options for either preventive or problem dental care. All agreed that private dentists would see them, provided they could pay up-front and in-full. While mothers were likely to try to find the money to take their children if there was a serious problem, most mothers of uninsured children reported they simply could not afford preventive dental care for their children. All agreed they would both see a dentist themselves and take their children to a dentist for preventive care if they had dental coverage.

Among those adults on Medicaid, cost was the main barrier to seeking preventive and problem dental care due to lack of dental benefits. However, those whose children were on Medicaid/CHIP did have preventive coverage and therefore typically received preventive check ups. Still, the cost of dental care for "fixing problems" was perceived to be very expensive and sometimes, cost prohibitive. Many also mentioned that they had experienced difficulty finding a dentist who accepted Medicaid and/or had difficulty getting an appointment and attributed this to the delay in or minimal payments dentists received from Medicaid.

- **Education on what services Medicaid/CHIP provides**

A second major need identified was the need to educate those on Medicaid and CHIP as to what services were covered. The moderator noted that lack of awareness as to what dental benefits may or may not be provided by Medicaid and CHIP was apparent in all groups. Some had dental needs that they believed were not covered (which actually may be covered under Medicaid or CHIP) and therefore did not seek care, either for themselves or for their children.

- **Education about the consequences of not having regular dental care**

A third important oral health need identified was education about the consequences of not having regular care. While nearly all felt that oral health was very important to overall health, many did not follow the recommended preventive guidelines. When the moderator probed, "if oral health is so important to you, why don't you brush, floss, or visit the dentist as often as you say you should," a common explanation was that there were no immediate negative effects of not doing so. Oral health problems were said to come about gradually, and they were able to justify "slipping" sometimes or putting off going to the dentist when they didn't have the money. *"There is no immediate consequence for not caring well for your teeth. That is why we don't prioritize [it highly]."*

Many suggested that being better informed about the serious, long-term consequences of not maintaining good oral health would make them realize the importance of regular dental check ups and might make them go more often/regularly and might make them even more committed to their children's oral health.

- **A program to affect behavioral change in the implementation of preventive/maintenance dental care**

Although awareness of typical oral health preventive measures and recommendations was high, there appears to also be a need to educate adults and children about the specifics on brushing, flossing, fluoride, sealants, and child preventive care. A number of participants reported that they were unsure of the proper brushing and flossing techniques. Sealants for children's teeth were mentioned in 5 of 12 groups but relatively few mothers reported their children having sealants. There was no real consensus as to the recommendation for when children should first see a dentist, but most agreed children should probably see a dentist by age 3 or 4, depending on the individual child. The following comments illustrate: "*It depends on what the parents are doing health-wise,*" and "*It depends on their teeth and your child's current condition.*"

Nearly all felt that oral health education of adults and children was lacking and that other health concerns had received more public attention, such as smoking cessation, skin cancer, immunizations, etc.

Although it was mentioned by a smaller number of participants that access to dentists accepting Medicaid was a problem, it did not appear that improving access would be a key driver in improving their oral health. It is the moderator's impression that expanding the number of dentists available still would not get them to seek dental care more often. Rather, lowering out-of-pocket costs, increasing knowledge about services that are already available, and educating persons about the consequences of not maintaining good oral health would have the greatest impact on improving oral health among low-income Utahns.

Of course, if expanded coverage were available and consumers were more motivated to practice better oral health, it would follow that additional dentists would need to be available to satisfy the increased demand. However, simply having additional dentists who accept Medicaid, without any change in benefits, would not appear to significantly improve the current oral health among this population.

This research identified two main improvement opportunities for the State of Utah with regard to oral health: increasing access to dental professionals and improving knowledge of oral health care. The following specific recommendations address both of these opportunities and, if implemented, could serve the State of Utah in improving the oral health of its residents:

- **Education Program:** The State should consider an educational program that would utilize a two-pronged approach in educating children at school and parents/adults at home. Findings of this research suggest that this method would be the most effective in both educating adults and children in that one element supports and extends (makes easier) the other and would also be effective in engaging them about maintaining their oral health.
- **Reposition:** We recommend that the state employ a marketing perspective to oral health and attempt to "reposition" oral health as a function of overall medical health, perhaps through mass communication methods. Many group participants found it easy to put a low priority on their oral health because they perceived it did not have immediate health consequences. However, they indicated that a focus on the severe, long-term health consequences (and the costs thereof) as a result of neglecting or not maintaining their oral health would likely motivate them to improve their oral health care habits and strengthen their commitment to it.
- **Promotion:** Message memorability was found to be very important in keeping the message top-of-mind. In fact, it was even suggested in several of the groups that the state consider a promotional tagline that would be similar to other believed-to-be-effective messages that were quite memorable, such as "Immunize by 2".
- **Physician Education Program:** This research suggests that the pediatrician or primary care physician represents a viable opportunity for disseminating oral health information to adults and their children. The state might consider developing a program of information and communication targeting pediatricians and other primary care physicians to encourage them to ask their patients about their oral health care practices as part of their overall health evaluation and to stress to their patients the things that they should do for good oral health, including at what age to take their child to the dentist.
- **Access:** A primary finding of this study was the need for access to affordable dental care, and any efforts made by the State of Utah toward this end would certainly serve to improve the oral health of its citizens. This research identified a clear need for low-cost dental services. Consider establishing or extending the existing mobile clinic services to serve the more rural regions of the state. Critical to implementation of the service is appropriate communication to the public that such a service is available. Such a mobile service could even be considered a "moving billboard" of information about oral health, thus serving a dual purpose.

- **Medicaid and CHIP Benefit Explanations:** The moderator observed that many participants seemed unclear as to exactly what dental benefits were included in Medicaid or CHIP benefits and that some may not have sought care because they believed that there would be no coverage for the care they required. The state should consider a communication/education program to explain dental benefits and inform residents of treatment options for procedures not currently covered.

DETAILED DISCUSSION OF FINDINGS

Knowledge of Oral Health

What does it mean to be healthy?

Each group began with a discussion of "what it means to be healthy." Group participants were asked to describe characteristics of a healthy person, what behaviors they engaged in to keep them healthy, and the physical appearance of a healthy person.

In defining "health" and what it means to be "healthy," three main themes emerged: active/energetic, eats well/good diet/nutrition, and happy/positive attitude/mental health. Most groups eventually mentioned having good teeth, attractive smile, and/or regular doctor and dental check ups (9 of 12), although it was usually not one of the first ten things mentioned. Typically, teeth/smile/dentist was only mentioned after probing for physical attributes that describe a healthy person. The most common mentions included the following:

Typically in first 5 mentions:	Active/energetic Eats well/good diet/nutrition Exercises Happy/positive attitude/mental health
Other common mentions:	Getting enough sleep/rest Gets physicals and dr./dental check ups Preventive health measures Engaged in social activities and hobbies Doesn't smoke, drink in excess, or do drugs
Physical characteristics:	Physically fit/in shape/strong Has a "healthy glow" Clear, healthy skin/complexion Shiny hair Bright/clear eyes Good smile, white/straight teeth

Among the three groups who did not mention teeth/oral/dental health as part of what it means to be healthy, all agreed that having healthy teeth and gums was part of being healthy, when asked.

Defining Oral Health

When asked to define and describe “oral health,” all groups focused on teeth (white, straight, having all teeth/no dentures, no cavities) and the maintenance of teeth (brushing, flossing, and having dental check ups). Gum health/lack of gum disease and breath/no gingivitis/tongue were also mentioned by most groups. A few participants mentioned nutritious eating and the absence of cold sores, while one person mentioned oral cancer and another, TMJ.

Awareness of Preventive Measures

Awareness of basic oral health preventive measures was high, with all groups mentioning brushing, flossing, and dental check ups, and most groups mentioning fluoride treatments for children, nutrition/vitamins, and avoiding sugar and sodas. The most commonly mentioned preventive measures were as follows:

- Brushing
- Flossing
- Dental check-ups
- Fluoride
- Tongue scraping/brushing
- Eating nutritiously
- Taking vitamins, calcium supplements
- Avoiding sodas and sugary foods
- Using mouthwash/plaque removal wash
- Not brushing too hard/harshly

Less frequently mentioned items included avoiding certain medications, massaging the gums, using water picks, changing your toothbrush, and preventing bottle rot. Although most were aware of the basic oral health preventive measures, many expressed a need for additional information or education about the specifics of self-preventive care, such as how to brush, duration of brushing, appropriate pressure for brushing, how to properly floss, information about fluoride, why and when sealants are needed, and when to take their children to the dentist, etc.

Fluoride

Fluoride was mentioned as a preventive measure by most groups, with most mentioning using fluoride toothpaste. There seemed to be a lack of knowledge or confusion about why fluoride was important and for whom it was needed. *"I don't think a lot of people are educated as to the reason that we need fluoride,"* as one woman commented, and others agreed.

While participants seemed unsure if fluoride was needed for adults, nearly all felt it was important for their children's oral health. Most mothers in areas in which the water was not fluoridated reported providing supplemental fluoride to their children,

either via tablets, drops, rinse, or vitamins. A few mothers were unaware that their water was not fluoridated (educated by other group participants) and one commented, "*Well, I will [give them supplements] now!*"

In areas where the water supply is not fluoridated, nearly all were aware that it wasn't. Brigham City is one area with optimal fluoride levels; however, everyone in the Bear River group believed their water was not fluoridated, and some were administering supplements to their children or taking it for themselves.

While most mothers were providing supplemental fluoride to their children if the water was not fluoridated, overall attitudes toward adding fluoride to the water supply were mixed, with some participants in favor, others against, and others saying they didn't have enough information to have strong feelings one way or the other.

Three groups (Tooele, Southwest, and Utah) debated whether or not fluoridating the water was necessary for adults, commenting they thought it was only beneficial for children. Two knowledgeable participants, who had previously or were currently working for a dentist, explained that topical fluoride was for adults and that children needed to ingest fluoride. As one explained, "*Kids need the tablets, but they don't work for adults. Adults need to have fluoride rinses.*" A few mentioned they didn't want fluoride added to the water because they were concerned about getting too much fluoride. A few others said that even if fluoride were added to the water, they would continue to use/give their children fluoride supplements. Those who had relocated to Utah from another state where the water was fluoridated strongly favored fluoridating the water, as they had seen or experienced the benefits. As one woman who had relocated to Utah said, "*My family's teeth seem to be better than other's teeth without fluoride.*"

Sealants

Sealants for children's teeth were mentioned in 5 of 12 groups but relatively few mothers reported their children having sealants. Most aware of sealants had learned about them through their children's dentist and believed they were only applied to some children's teeth (those with a predisposition to dental problems or who had experienced a lot of dental problems). One respondent commented, "*they don't do it for every child.*" Very few felt that all children needed sealants.

Recommended Guidelines

Overall, most agreed that the recommended guidelines for brushing, flossing, and dental visits were as follows:

- | | | |
|------------------|---|-------------------------------------|
| Brushing teeth | - | 2-3 times daily or after every meal |
| Flossing | - | daily |
| Dental check ups | - | every six months |

Some commented that they felt the frequency of dental check ups required depended on the individual - how healthy a person's teeth were and how well they took care of them. In other words, if a person really didn't have any problems and took good care of their teeth, they would only need to have an annual check up or if they had a problem. One woman who was working for a dentist commented, *"If you don't have cavities, once a year is adequate."*

There was no real consensus regarding the recommended age at which children should first see a dentist. A couple said "before they get their first tooth," due to possible tooth decay caused by sugar from the milk or "bottle rot." Some said, "as soon as they get their first tooth," some said, "once they get all their teeth in," and others said "before they start school." Most agreed children should probably see a dentist by age 3 or 4, but they also agreed that it really depends on the individual child. The following comments illustrate: *"It depends on what the parents are doing health-wise,"* and *"It depends on their teeth and your child's current condition."*

The main reason given for why one should take their children before age 3 or 4 was just to get them used to going to the dentist when there were no problems, so that they do not have a fear of the dentist when a problem does occur. However, a few said dentists wouldn't see very young children. One respondent exclaimed *"The dentist was rude to me and asked me why I brought my kids in so early-at age 3."*

The moderator observed that all participants seemed to realize the physical appearance benefits of maintaining good oral health, e.g., brushing, flossing, and dental check ups are needed to have an attractive smile (white, straight teeth). However, many (especially those who were not going to the dentist regularly) seemed unknowledgeable about the specific long-term, perhaps gradually occurring, more serious health problems that could arise by not maintaining good oral health. There seems to be a real need to educate about the less apparent indications or symptoms of poor oral health and its resulting health consequences.

Importance of Oral Health to Overall Health

Overall, oral health was considered very or extremely important to one's overall health. One woman expressed how important taking care of her teeth was to her by saying, *"Dental care is so important that I will sell a kidney to get it fixed."* When asked to rate how important oral health was to one's overall health, nearly all group participants rated its importance between 8-10 on a 10-point scale (1=not at all important, 10=extremely important). Oral health was particularly important to those women who had experienced severe oral or other health problems due to oral problems or had lost their teeth. The few who didn't rate it as highly said they did so because they 1) had other more serious health issues to be concerned about or 2) didn't have any problems and therefore just weren't worried about their oral health.

The main reasons why oral health was important were:

- physical appearance/first impressions,
- oral health affecting whole body/causing other health problems,
- being able to eat, and
- avoiding the cost of fixing problems.

Those who mentioned oral health affecting the whole body/causing other health problems tended to be those who had experienced major/serious oral/dental health problems or knew someone who had. Several individuals told stories about themselves or others who had serious health complications or even died from problems that originated from dental problems/not taking care of their teeth.

Dental Coverage

The percentage of participants who reported having some type of dental coverage varied dramatically by group, ranging from 11% in Davis to 67% in the Tooele and Southeast groups.

Many of those on Medicaid and many of those whose children had been or were on CHIP seemed to be confused or unclear about what was covered. Some women believed Medicaid covered their preventive care only, while others rebutted by saying that Medicaid "took away" dental coverage. While there was some awareness that Medicaid had changed its coverage, participants did not seem clear as to what the current benefits were.

Oral Health Care Practices

Although most were aware of the guidelines for preventive measures, they acknowledged they did not brush, floss, and go to the dentist as often as recommended or as often as "they should." As one person said, "*There are a lot of things we know we should do, but we don't.*"

Most brushed once or twice a day and a few flossed regularly (typically 2-4 per group). Others mentioned avoiding sodas, drinking water, using mouthwash, and avoiding foods high in sugar as preventive measures they take to maintain their oral health.

While nearly everyone agreed they should have six-month dental check ups, utilization of dentists for adults and children was strongly influenced by whether or not one had dental coverage. Nearly everyone agreed they should have six-month dental check ups, and five-in-ten who had dental coverage went every six months. Among those without dental coverage, the majority of uninsured (six-in-ten) reported they visit the dentist infrequently or only when a problem occurs and

includes those who had dentures and said they no longer needed dental check ups because of it.

Dental Coverage	Frequency of Dental Visits		
	6 Months	Annual	Less frequently or only when have problem
Insured	56%	20%	24%
Uninsured	10%	25%	64%

Those who reported taking the best care of their oral health seemed to be those who were the most knowledgeable about oral health (who also tended to be those with dental insurance). Those who reported adhering to all the preventive guidelines were also very strongly committed to their oral health (about 10%-12% of group participants) and typically were taught these values at a young age or had experienced dental problems and the associated costs (bridges, root canals, braces, dentures, "soft teeth") or knew someone who had. One woman summed it up well when she said, *"Preventive [care] is so much easier and cheaper than correcting things later on."*

Mothers reported they put a higher priority on their children's oral health, and most made sure their children were typically brushing 2-3 times a day. However, several acknowledged that sometimes brushing wasn't a priority. *"I am lucky to get my kids dressed and ready for school. Some days I'm lucky to get it done just once."* Most mothers were giving their children supplemental fluoride, either by drops, tablets, rinse, or vitamins. The few mothers who weren't providing supplemental fluoride to their children did not do so because they believed the water was fluoridated or had enough fluoride in it or they just didn't see the benefits. Most mothers reported taking their children for dental check ups twice a year, if they had some dental coverage, which most did either through private insurance or Medicaid/CHIP. Mothers of children without dental coverage were less likely to take their children for regular 6-month check ups or only take them when there was a problem; however, most of these mothers felt badly about not taking them more regularly. One woman lamented, *"I feel guilty about not taking my kids."*

The most frequently mentioned reasons for not adhering to the preventive guidelines were:

- didn't have time/too busy,
- not convenient to brush/floss at work or away from home,
- laziness, and
- cost, especially for going to the dentist.

Probing further, the moderator asked the groups to explain the discrepancy between their stated importance of oral health and awareness of recommended guidelines and their actual oral health practices. In other words, "if oral health is so important to you, why don't you brush, floss, or visit the dentist as often as you say you should?" A common explanation for not making sure to brush, floss, and have regular check ups was that there were no perceived immediate negative effects of not doing so. Oral health problems were said to come about gradually, and they were able to justify "slipping" sometimes or putting off going to the dentist when they didn't have the money. *"There is no immediate consequence for not caring well for your teeth. That is why we don't prioritize [it highly]."* Another said, *"I think it is easy to say teeth are important but when you get out in the real world it isn't a priority. Our teeth looked OK, so we were not that concerned. You don't really know what is happening or how bad things are. Overall health is the same way. You may not take in every achy bone."* Another respondent commented about not making it a priority to see the dentist, *"It depends on the severity of the tooth situation. If it is a toothache, you'll bump it up on the [priority] list."* Another added, *"When it's not an immediate concern, you can push it to the side."*

All groups commented that going to the dentist for preventive care just fell to the bottom of their financial priority list, particularly those without dental insurance. One responded by saying, *"Oral hygiene is a good thing, unfortunately the money to keep them in good health is a problem,"* and others agreed.

The moderator perceived a need for education about the consequences of not having regular care. Many suggested that being better informed about the serious, long-term consequences of not maintaining good oral health would make them realize the importance of regular dental check ups and might make them go more often/regularly and might make them even more committed to their children's oral health. One woman even suggested that serious public service announcements might make people practice better oral health and suggested, *"This is your teeth. This is your teeth six years later if you don't take care of them."*

Experience with Dental Providers

When asked how one should go about finding a dental provider, the most common responses were recommendation from family or friends, looking on their insurance provider list, 1-800-DENTIST, or the Yellow Pages.

The types of dental providers available in each area were largely limited to private and/or group dental practices. The only other types of providers mentioned were "clinics," "Indian Walk-in Center," "dental schools," "HeadStart," or "traveling/mobile dentists," although each received very few mentions.

When asked where someone without dental insurance might go to see a dentist, groups commonly asked back, *"Do you have any money?"* Those without insurance noted that they would not be able to see a dentist, unless they paid up-front and in-full. Awareness of free or low-cost options was extremely low, with very few people mentioning they had "heard of somewhere one could go," like a clinic or dental school or tribal provider for Native Americans, and even fewer had used such options. A few people mentioned that, because it was a small town, their dentist would work with them allowing them to make payments. Another mentioned that her dentist required payment up front and allowed her to make "advance payments" – like a dental savings account to her dentist so that when she needed care, she had the funds available.

All groups agreed that there were enough quality dental providers to choose from in their area. One finding that was unique to non-urban/rural groups was a lack of or not enough specialists and/or pediatric dentists in the area, thus requiring some to travel quite a distance for specialty/pediatric dental care.

Most women either had a personal dentist or knew exactly who they would see (or take their children to) if care were needed, and nearly all were presently satisfied with their dentists. Some reported having negative experiences with their dentists, primarily involving how their children were treated, and had changed dentists because of it.

While participants in many groups mentioned they might or would have trouble finding a dentist who would take Medicaid (Weber-Morgan, Salt Lake, Wasatch, Summit, Southwest, Southeastern, Central, Tri-County, Utah), it was not seen as a barrier to seeking care--cost was still the primary barrier. These women believed that, *"[the dentists] won't take Medicaid because they won't get paid as much."* Another woman commented on the delay in payments, *"It took Medicaid two years to pay my doctor,"* and believed dentists had the same problem. One woman was even told by her dentist, *"We are not going to take you because we don't get paid."* Another woman who had worked for a dentist added, *"I worked for a dentist who took a lot of Medicaid patients, and he had to stop for a while to take patients who had insurance so that he could get paid because Medicaid doesn't pay enough to cover his overhead."*

There were no differences in group's responses regarding what they liked and disliked about their dentists/dental visits. Many participants commented they had negative experiences with dentists, causing them to switch. Nearly everyone agreed that dentists and dental procedures had improved over the past ten to fifteen years, including more knowledgeable dentists and better techniques. The following table details the most common likes and dislikes mentioned:

Likes
"Clean feeling" of teeth
Knowing everything's OK
Pain is alleviated/problem solved
Dentist's gentle "bedside manner"
Free toothbrushes/floss
Free stickers/trinkets for kids
Guilt-free feeling
Entertainment, i.e. TV, posters on ceilings, games for kids
Less painful procedures and better pain prevention, such as nitrous oxide
Dentist that is personable

Dislikes
Cost
Pain and fear
Smell of office
Waiting in the waiting room
Finding out things are wrong
Being rushed by the dentist/"Get in/get out" feeling
Mistakes made by the dentists
Criticism for not taking better care of their teeth
Being "sold" additional and/or unnecessary treatments/procedures
Rough dentists

Barriers to Seeing an Oral Health Professional

Overall, the main barrier to seeing a dentist was cost and/or dental insurance coverage and was a dominant topic for discussion in each group. The cost of dental care was viewed as prohibitive to receiving care among those without insurance. Even among those with dental coverage, out-of-pocket costs and premiums were still very concerning and, in some cases, caused the patients to delay or not seek care.

Supportive of this finding is the fact that those most likely to visit the dentist for regular six-month check-ups were those who had some kind of dental coverage. Those without any coverage were most likely to visit only when a serious problem occurred. Many women who currently do not have dental insurance lamented that they weren't going to the dentist as often as they used to because they no longer had the dental coverage they once did. Some participants, even those with coverage, reported delaying seeing a dentist even when they knew they or their children were experiencing a problem because they just couldn't afford it. As one woman said, *"No coverage, no way [I can go to the dentist]."*

Nearly everyone reported that at some point in their lives they had believed they should or needed to see a dentist but did not. Of these, nearly all said they had not gone because they either did not have dental coverage or they had some coverage and still couldn't afford the cost of care needed. Many participants with insurance commented that their out-of-pocket costs for non-preventive care were very high and often more than they could afford. There was a clear distinction between preventive dental visits and serious or emergency dental visits; nearly all participants said they would find the money to see a dentist or take their children to the dentist if there was a serious problem even if they did not have dental coverage.

Among those adults on Medicaid, cost was the main barrier to seeking preventive and problem dental care due to lack of dental benefits. However, those whose children were on Medicaid/CHIP did have preventive coverage and therefore typically received preventive check ups. Still, the cost of dental care for "fixing problems" was perceived to be very expensive and sometimes, cost prohibitive.

For those without dental coverage, the cost of dental care was the main barrier to seeking care for them and their children. Most had little to no knowledge about low-cost or free options for either preventive or problem dental care. All agreed that private dentists would see them, provided they could pay up-front and in-full. While mothers were likely to try to find the money to take their children if there was a serious problem, most mothers of uninsured children reported they simply could not afford preventive dental care for their children. All agreed they would both see a dentist themselves and take their children to a dentist for preventive care if they had dental coverage.

Other reasons given for not going to the dentist when they thought they should have included fear, pain, lack of time, not able to get time off from work to go, and dentists only being open during weekdays 9-5. Single mentions included lack of transportation and not having a dentist who could speak Spanish.

Another barrier to not seeing the dentist among those receiving Medicaid was difficulty in finding a dentist who would take Medicaid. Many had also experienced long wait times to get an appointment. They attributed this difficulty to the fact that dentists limited the number of patients on Medicaid that they would accept due to delayed or minimal payments from Medicaid.

One barrier, mentioned only in non-urban/rural groups (Southwest, Tri-County, Southeastern and Tooele) was the lack of specialists, surgeons, and/or pediatric dentists in their area. For example, when discussing specialists, one woman from the Southwest group exclaimed, "*I have to go 200 miles for a specialist!*" Tri-County participants said there were no pediatric dentists nearby and wished there were because they believed they would be "*better with the children.*"

Suggestions

Participants were asked what could be done to encourage them and/or others to improve their oral health care habits and visit the dentist more frequently. The most commonly cited suggestions/comments for how to improve access to and improve oral health care of their communities focused on education and lowering the costs of dental care. Nearly all felt that oral health education of both adults and children was lacking and that a two-pronged approach would be most effective. *"Educate adults. If Dad and Mom take care of their teeth, the kids will, too."* Another mother said, *"In HeadStart, they made them brush their teeth every morning and after lunch. Then my daughter came home with a sticker to put on her light switch that said 'reminder to brush your teeth.' She also came home with a toothbrush and toothpaste and that really got her into brushing her teeth. She really enjoyed it."* She said the help from the school certainly made it easier for her to enforce good oral health habits and others agreed.

It was also noted that other health concerns had received more public attention, such as smoking cessation, skin cancer, immunizations, etc. One respondent suggested, *"The Governor's wife should promote oral health like she did with immunizations. The logo 'Immunize by 2' really helped."*

Responses varied somewhat by group, but the following represent the most common suggestions:

- Discounts for uninsured, rather than insured
- Expansion of coverage for those just above the Medicaid/CHIP eligibility, if even on a sliding scale (Many mentioned being \$10, \$25, \$50 over the income limit.)
- Coverage for seniors through Medicare
- Free dental screenings/evaluation that would provide parents and adults with a prediction or "forecast" report of what would likely/could happen based on current practices and exam results. Many discussed that they might reprioritize if they are told specifically that, *"if I don't do that, this might or will happen in five years and then will cost me this much."*
- Fluoridation of the water or providing regular fluoride treatments in schools
- State-wide education effort to inform adults about the negative consequences of not maintaining good oral health
- Dental health fairs (or incorporating dental health into health fairs) where you could meet dentists, receive information, and learn "the basics"
- Encouraging pre-natal doctors to educate new mothers
- Incorporating dental education into the WIC program
- Dentists extending their hours to week nights and week ends
- Local health departments providing dental care
- Volunteer dentists providing low-cost or discounted services

- Having the state require new dental graduates to practice in rural areas for 1-2 years in exchange for tuition assistance
- School programs (continuing through at least junior high) to educate and get kids and parents excited about oral health

When asked what the best ways to educate adults and disseminate information, sending information home with children from school, public service announcements (TV and radio), and mailings were the most frequently mentioned.

Regional/Group Results

While there were some variations in findings by group, in most cases the findings were quite similar across groups. The most notable differences between groups were:

- 1) The lack of specialty and pediatric dentists in some of the non-urban groups,
- 2) Availability of dentists taking Medicaid,
- 3) Attitudes toward fluoride,
- 4) School programs, and
- 5) Availability of options for the uninsured.

The reader is referred to the following section for a detailed list of comments by group.

APPENDIX



Results by Group

BEAR RIVER

Known Dental Resources

- Private dental providers
- Dental clinic that provides free/low cost care

Barriers to Seeing an Oral Health Professional

- Can't afford dental visit or cost to fix problems
- No insurance coverage
- Lack of time
- Fear of pain

Suggestions for Improving Access

- Cut dental fees in half.
- Make it easier to get an appointment.
- Put day care next to the dentist.
- There needs to be a specific program for those without insurance or where those at a minimal income can receive care at low or no cost.
- For the older population, there needs to be a program to help those people get more financial assistance. Examine cases individually.
- Local health department should pay for some visits and send out cards to inform people of offered services/assistance programs.

Suggestions for Improving Awareness/Preventive Care

- Mention oral health in school and send flyers home from school with kids. Have dentists/hygienists visit schools and promote dental health (give out toothbrushes, toothpaste, stickers, etc.).
- Model the school programs after Head Start where they make kids brush teeth after every meal.
- Have dentists send cards to people reminding them that it is time for a check up.
- Advertise dental providers on radio or television.
- Educate people about how important it is to go to the dentist. Need to be more informed of what might happen if you do not go to the dentist.
- Send postcards to remind of dental visits or educate. Something visual is a good way to reach people.
- Phone calls are good reminders for dental appointments.
- Eliminate giving candy to kids as rewards from the schools and remove vending machines in schools.

CENTRAL

Known Dental Resources

- Private dental providers

Barriers to Seeing an Oral Health Professional

- No insurance coverage
- Lack of money
- Difficulty finding dentists who take Medicaid or getting an appointment with those who do

Suggestions for Improving Access

- Charge a sliding-scale fee for dental cleanings based on income.
- Offer free cleanings and advertise in paper.
- Have a health fair (dental) where providers have coupons for their services.
- Reduce costs.
- Don't cut out dental from Medicaid program. Bring it back so we can pay co-pay and get dental care.
- The government should put twelve dentists through dental school and have them come back to the state and work for a few years in the health departments (Richfield). They could provide care to us for co-pay.

Suggestions for Improving Awareness/Preventive Care

- Expand the school programs that give fluoride to the kids.
- Have teachers encourage kids to brush their teeth. Educate kids on how to brush and floss. Let the kids have time after lunch to brush at school.
- Have health fairs more often than once a year and advertise better.
- Educate parents on how to brush/floss.
- Give toothbrushes out to kids on holidays, like Halloween.
- Have the doctors and dentists team up to remind you to see each other.
- Have dentists give away toothbrushes.
- Have public announcements or commercials or have posters around town regarding the importance of good oral health care.
- Start showing people the effects of not brushing. For example: "these are your teeth without the regular 6 month check ups".

Known Dental Resources

- Private dental providers
- Dental clinic that provides free/low cost care
- Dental school that provides free/low cost care

Barriers to Seeing an Oral Health Professional

- No insurance coverage
- Can't afford
- Time
- Fear of pain
- Bad experience with dentist

Suggestions for Improving Access

- Have free clinics. Reduce costs of care.
- Need a program for people to go to a dentist that is affordable, particularly for seniors, disabled, and those on Medicaid.
- Provide dental information to Senior Center/nursing homes.
- Have more dental schools where you can receive dental care for free or inexpensively.
- Improve Medicaid benefits for adults.
- Have some kind of program for the unemployed that makes it affordable to go to the doctor/dentist for preventive care.
- Have a church program to provide dental care.
- Have a mobile clinic for checking teeth.

Suggestions for Improving Awareness/Preventive Care

- Have a "dental week" at school where they give those pink tablets, toothbrush, and floss. Education should not stop at 3rd grade, the education should continue through elementary and so on.
- Provide those pink tablets to see if teeth are clean at home.
- Have dentists send reminder post cards or have reminder phone calls for cleanings.
- Educate more in schools and bring the parents in.
- Have the dentists volunteer to educate parents on how to brush/floss.
- Have a community day to bring the parents/children/dentists together to educate everyone.
- Have a hotline where you could call and get dental information.

Known Dental Resources

- Private dental providers
- Low income dental center
- Dental school that provides free/low cost care

Barriers to Seeing an Oral Health Professional

- Difficulty finding dentists who take Medicaid or getting an appointment with those who do
- No insurance coverage/no money
- Don't have a dentist
- Lack of time

Suggestions for Improving Access

- Provide more privileges for the people who do not qualify for Medicaid/Medicare. If judging eligibility on income, look closer at the individual's factors (bills, expenses, mortgage).
- Provide more low-cost options/make dental service cheaper.
- Improve insurance coverage.
- Have a program like the one in the preschools where dentists volunteer.
- Be able to take your kids to the dentist through a school program.
- Have dental health centers, like the health departments in Salt Lake.
- Have dentists who are open on evenings or Saturdays to help people who have scheduling barriers.
- They need emergency dentists for the middle of the night.
- There should be a 24-hour hotline to call to get dental information.
- Dentists should offer discounts if you pay cash.

Suggestions for Improving Awareness/Preventive Care

- Have more public service announcements, like CHIP has done.
- Dentists and hygienists should show adults/children how to brush and better floss to avoid cavities.
- Have the general doctor who delivers babies remind parents about taking their kids to the dentist.
- Have community gathering where volunteers go to school and show them how to brush (give toothbrushes).
- Add more programs like what they do for the kids' in Head Start.
- Dentists should get together and help serve the people.
- Have more dental schools.
- Have dentists volunteer to clean kids teeth right after a holiday since they eat so many sweets at that time.

Known Dental Resources

- Private dental providers

Barriers to Seeing an Oral Health Professional

- No insurance coverage
- Difficulty getting an appointment because dentists overbook
- Difficulty finding dentists who take Medicaid or getting an appointment with those who do
- Not many pediatric dentists in this area

Suggestions for Improving Access

- Provide free dentists and dental screenings.
- Have more pediatric dentists.
- Dentists should stop overbooking.
- Have more specialty dentists (oral surgeon).
- Have more honest dentists that don't rip you off.
- Have a local clinic with free screenings (Citizens could volunteer to help with these clinics.).
- Have health departments involved with dental care.
- Give cost breaks for some types of dental services.
- Have dentists rotate to the free clinics.
- Have dentists go into the nursing homes to provide dental care for the elderly.
- Provide transportation to those who can't get to the dentist.
- Hold fundraisers to raise money for dental care.
- Have dentists go to people's home if they are bed ridden.
- Have health departments provide dental information (pamphlets).

Suggestions for Improving Awareness/Preventive Care

- Get into the school systems to teach people how to brush and give them tablets.
- They should come into the schools every three or four months to re-teach the kids and restock them with toothbrushes.
- Make dentists more caring and have them spend more time and care with you.
- Have the dentists communicate the costs with you before service.
- Have the schools provide kids with dental info to take home to parents.
- Put up flyers or posters.
- Have advertisements.

Known Dental Resources

- Private dental providers
- Traveling dentist that provided free/low cost care

Barriers to Seeing an Oral Health Professional

- No insurance coverage
- Lack of money
- Difficulty getting an appointment because dentists overbook
- Difficulty finding dentists who take Medicaid or getting an appointment with those who do
- Lack of time
- Hard to get appointments when you work
- Not many specialists in this area

Suggestions for Improving Access

- Make dental insurance more affordable.
- Make Medicaid more accessible.
- Medicaid's program needs to be reconstructed.
- Have a free clinic all the time or at least once a month.
- Give the dentists an incentive to give free dental care, like a tax write-off.
- Have dentists offer a lower fee, but not free.
- Have a clinic for people that really can't afford dental care.
- Have a sliding scale for people on Medicaid or those without insurance.
- Have the county get a grant from a corporation to fund some free clinics.
- Have volunteer dentists who get write offs.

Suggestions for Improving Awareness/Preventive Care

- Fluoridate the water.
- Have a program in schools where they distribute fluoride once a week.
- Have vitamins with fluoride over the counter.
- Have Medicaid provide the fluoride vitamins.
- Provide more information on dental care and where to go to get care.
- Have a centralized information hub where people can go or call to get oral health information. Have a resource directory or page in the phone book that lists health information.
- The health department should offer dental information.
- Offer dental info. through newspaper.
- Have schools give away toothbrushes.

Known Dental Resources

- Private dental providers

Barriers to Seeing an Oral Health Professional

- Lack of money
- No insurance coverage
- Fear of pain
- Time

Suggestions for Improving Access

- Make dental care more affordable.
- Set up a free screening to let parents know what type of shape their kid's teeth are in (cavities).
- Have dentists lower their rate or do volunteer dental work.
- Offer free care to those who need it.
- Reduce the costs of dental schools, so the dentists don't have so much to pay back and can cut costs.
- Have volunteer dentists. Volunteering could be one of their requirements to getting their license.
- Have dentists open later hours and on Saturdays.

Suggestions for Improving Awareness/Preventive Care

- Public service announcements on T.V. about dental care.
- Get educators in the school to teach the kids about dental care.
- Remove sodas/soda machines from school campuses.
- Have the screenings through the schools to get both kids and parents involved.
- Sending a note home with kids from school is a good way to get information to parents.
- Posters/flyers to educate the public.

TRI-COUNTY

Known Dental Resources

- Private dental providers
- Mobil clinic that provided free/low cost care

Barriers to Seeing an Oral Health Professional

- Lack of money
- Fear of pain
- No insurance coverage
- Lack of transportation
- Difficulty finding dentists who take Medicaid or getting an appointment with those who do
- No specialists/pediatric dentists in this area
- Travel to get specialty care

Suggestions for Improving Access

- Have a sliding scale for services depending on people's income.
- Have dentists available for later hours and on Saturdays in case of emergency.
- Have dentists on call available.
- They need to have specialists in this area. Have specialists come in to town twice a week so that we don't have to travel for appointments.
- Provide a complete set up building for dental care and for visiting dentists. One different specialist could come every day.
- Have better dental insurance.

Suggestions for Improving Awareness/Preventive Care

- Have a wider based education outreach program teaching people how to take care of teeth.
- Use television to educate.
- Have pamphlets to educate.
- Educate through the school.
- Dentists should educate people when they come for check ups.
- Educate the adults. Incorporate dental with physical exams.
- Use the radio to educate.
- Add dentists to the health fair and incorporate educating people and not just giving away toothbrushes.

Known Dental Resources

- Private dental providers
- Mobile dental clinic

Barriers to Seeing an Oral Health Professional

- Lack of money
- No insurance coverage
- Lack of time
- Hard to get appointments when you work
- Need specialists

Suggestions for Improving Access

- It would be nice if dentists had later hours.
- Reduce the costs and have dentists volunteer.
- Provide free services.
- Increase insurance benefits if dentists' prices/costs increase, so that the increase is not passed on to the beneficiary.
- All say cost needs to be reduced.
- Have dentists volunteer at night because it is better for parent's schedule.
- A mobile dentist would be nice especially if it is an emergency.
- Have basic insurance coverage for people preventive services.
- Get a dentist into the health department.
- Have the health department make dental care a priority like it does with other health issues.
- There should be a cap on the increases in costs for dental care.

Suggestions for Improving Awareness/Preventive Care

- Go into the schools and get kids excited about taking care of their teeth.
- Make people aware of the consequences of not seeking dental care so that they more highly prioritize going to dentist.
- Give out toothbrushes and toothpaste.
- Increase knowledge for kids to learn how to brush/floss properly.
- Offer free stuff. It is a great way to get people to do things.
- Offer free check ups/cleanings for people who are going to pay to get more work done on teeth.

Known Dental Resources

- Private dental providers
- “No insurance dentists”
- Mobile clinic that provided free/low cost care

Barriers to Seeing an Oral Health Professional

- No insurance coverage
- Lack of money
- Difficulty finding dentists who take Medicaid or getting an appointment with those who do
- Don't have a dentist in town

Suggestions for Improving Access

- Attack the root of the problem - the cost of dental care.
- Combine dental coverage with health insurance.
- Have some financial assistance for seniors.
- Have a mobile clinic that works like the Red Cross does.
- Have dental screenings in school, like they screen for the eyes.

Suggestions for Improving Awareness/Preventive Care

- Educate in the schools. Start educating the kids young.
- Public Service Announcements on T.V.
- Show long-term cost of losing your teeth in relation to preventive care costs.
- Have a 1-800-dentist hotline where you can get dental info.
- Educate the general public.
- Educate parents about fluoride, etc. Parents will be more likely to implement with kids.
- Have the governor's wife promote dental care like she did with immunizations, “Immunize by 2”.

Known Dental Resources

- Private dental providers
- Dental training school that provides free/low cost care
- Dental clinics in Salt Lake City

Barriers to Seeing an Oral Health Professional

- Lack of money and time
- No insurance coverage
- Difficulty getting an appointment because dentists overbook
- Difficulty finding/getting appointment with dentists who take Medicaid

Suggestions for Improving Access

- Offer coupons for teeth cleanings.
- Dentists should have later hours and open on Saturdays.
- Have free clinics for cleanings and advertise.
- Implement a 1-800-dentist phone line.
- Health Departments should have a dental staff member and distribute pamphlets of information and mention getting dental check ups when people get immunizations.
- Have the dentists participate in the dental fairs so everyone can meet them and possibly choose a dentist from that encounter.

Suggestions for Improving Awareness/Preventive Care

- Provide fluoride and toothbrushes in the schools.
- Have hygiene clinics where people show you the correct way to brush/floss.
- Fluoridate the water in Utah.
- Have more dental education for younger ages at school.
- More education for the age group of 18-24.
- Maybe when people have children for the first time that would be a good time to continue education.
- Have pre-natal doctors advise parents of oral health care.
- Have a "Health and Safety" fair featuring "dental health" in the community like they do in Heber City. The local newspaper could advertise the dental fairs.
- Have a dental hotline where you can call and ask questions about dental health.
- There should be an oral health column in the newspaper that would include articles or tips on oral health care.

Known Dental Resources

- Private dental provides
- Service that will help with payments
- Dental clinic that provides free/low cost care

Barriers to Seeing an Oral Health Professional

- Difficulty finding dentists who take Medicaid or getting an appointment with those who do
- No money
- No insurance or payment money
- Lack of time
- Fear of pain

Suggestions for Improving Access

- Improve dentists' attitude/ get better dentists.
- Lower the costs of dental care.
- Offer free cleanings once a year.
- Set up clinics where they have volunteers that are not just temporary and something you can get from time to time.
- Have the state or federal government step in with a program to help with the dental costs.

Suggestions for Improving Awareness/Preventive Care

- Advertise that dentists offer things that alleviate the pain of dental work.
- Dentists should treat patients better. Treat patients like they would like to be treated.
- Educate about oral health in schools.
- Implement a state program to promote oral health in schools. Provide classes on health care.
- Federal program to help fund oral health education in schools.
- Educate in schools, including higher-grade levels (8th or 9th).
- Have a dental awareness month in schools.
- Educate parents on the need for dental care.

MODERATOR'S DISCUSSION GUIDE



**UDOH ORAL HEALTH PROGRAM FOCUS GROUP STUDY
ORAL HEALTH ASSESSMENT OVERVIEW
MODERATOR'S OUTLINE**

I. Moderator's Introduction

- Self introduction and background
- Define focus group
 - explain purpose
 - what to expect
- Confidentiality and taping
- Explain procedure and "ground rules" of the group
 - name cards
 - incentive gift at end

II. Respondent Introductions

- Name, age, work status, marital status, number of children, ages of children, and other personal items such as pets, hobbies, etc.

III. Knowledge and Awareness About Health/Oral Health

- Let's talk about health in general. What does it mean to be healthy?
- Think about what a healthy person looks like and acts like...what they do to be healthy. What are those characteristics of a healthy person?
- Where does oral health fit? (relationship between oral health and overall health)
- What does oral health mean to you? Explore.
- What kinds of things are recommended in order to maintain and/or improve oral health?
 - What about brushing?
 - Flossing?
 - Avoiding certain foods?
 - What about smoking?
 - Drinking certain beverages?
 - Fluoride in the water
 - Seeing a dentist?
 - When should you see a dentist? How often?
 - At what age should children start seeing a dentist? Explore.
- How important is oral health to overall health?

IV. Oral Health Practices

- Next, let's talk about how you feel about oral health care for you and your family.
- How often do you think about oral health?
- What do you think about when you think about oral health for yourself and your family?
- Is oral health care important to you? Why?
- How would you rate the condition of your health in general? Why?
- How would you rate the condition of your oral health? Why?
- Let's talk about the ways you care for your teeth and mouth.
 - How do you care for your teeth and mouth?
 - Brushing
 - Flossing
 - Fluoride
 - Other preventive measures
 - What do you like about caring for your teeth and mouth?
 - What do you dislike about caring for your teeth and mouth?
- Let's discuss the your husband's/significant other's role in health care decisions and activities.

V. Experience with Oral Health care professionals

- How do you find a dentist when you need one?
- Where do you go to see a dentist?
 - Private dental provider
 - Community Health Centers
 - Local health department
 - Medicaid Dental Clinic
 - Mobile Clinic
- Are there enough quality providers for you to choose from?
- Are you able to get an appointment when you need one?
- When do you see a dentist?
- How often do you see a dentist?
- For those with children, when do you take your children to see a dentist? How often?
- Tell me about going to the dentist.
 - What do you like about going to the dentist?
 - What do you dislike about going to the dentist?
- For those with children, who makes the dental care decisions for the children?
- When do you take your children to see a dentist? How often?

VI. Barriers to Oral Health Care

- Have you ever thought you or your child needed to see a dentist but didn't? Explore.
 - Why did you think you should go?
 - What prevented you from seeing a dentist?
 - Cost
 - Transportation
 - Didn't know where to go
 - Insurance didn't cover
 - Language
 - Convenience
- Do you have any kind of insurance that would pay for some or all of your dental care? Discuss.
- Let's pretend you've just been given the important job of getting people to see a dentist regularly for 6-month check ups. What kinds of things would you do to get more people going to the dentist more regularly?
- What would it take to get you to visit every six months? Explore.

VII. Information

- Let's say you had a question about some aspect of health, in general. What sources are available to you for health information?
- What sources have you used for health information?
- Now, let's say you had a question about oral health. What sources are available to you for oral information?
- Have you ever sought information on oral health?
 - Where did you go for oral health information?
 - Where/how would you prefer to be able to get information?
- Let's say that the local health department or state organization would like to provide you with important oral health information. What would be the best way for them to get information to you?
- Is there anything else that you feel is important for me to know before we finish?

Your input has been very helpful. Thank you for participating in our group.